

# CITY OF MENOMONIE SPECIAL EVENTS PACKET

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A GUIDE FOR PUBLIC  
SPECIAL EVENTS

# City of Menomonie

City Clerk's Office

800 Wilson Ave., Menomonie, WI 54751

(Phone: 715-232-2221; E-mail: clauersdorf@menomonie-wi.gov)

## Special Event

*Instructions: Complete all questions, indicating N/A where non-applicable. Return to the City Clerk at the above address at least 60 days prior to the event.*

Are you representing an organization sponsoring the event? No <input type="checkbox"/> Yes <input type="checkbox"/> (list information below)		Is the organization non-profit? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Organization's Name:			
Organization's Address:			
Organization's Phone:		(Fax)	(E-mail)
Purpose of Event:		Type of Event:	

Event Organizer's Name:			
Event Organizer's Address:			
Event Organizer's Phone:		(home)	(work) (E-mail)

Name of Event:		Type of Event:	
Location of Event:		Date of Event:	Rain date:
Time of Event:	Start:	Finish:	
Time on Site:	Start:	Finish: (include set-up and clean-up time)	
Total Number of Anticipated Attendees: (include event organizers, staff, volunteers and spectators)  _____	City of Menomonie Support Staff Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Police:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:
	Roads:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:
	Other: (Specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number:

Are street(s) to be closed?  <input type="checkbox"/> No <input type="checkbox"/> Yes, if so list (If less than entire length, indicate by street number where to begin and end)	Entire length? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if City Road <input type="checkbox"/> (attach approval from City of Menomonie)	1.
	Entire length? <input type="checkbox"/> Yes <input type="checkbox"/> No Check here if County Road <input type="checkbox"/> (attach approval from Dunn County)	2.

What provisions are being made for traffic and parking? (Be sure to note traffic flow and parking sites on your site plan) Attach additional sheets if necessary.

What provisions are being made for crowd control and security? Attach additional sheets if necessary.

What provisions are being made for First Aid and Fire Emergency? (Be sure to show locations of emergency services on your site plan.)

What provisions are being made for additional restrooms, port-a-potty facilities? (Be sure to show locations of restrooms and port-a-potty facilities on your site plan.)

What provisions are being made for collection and removal of litter and recycling generated by the event? (Be sure garbage /recycling receptacles or dumpsters are shown on your site plan.)

Are vendors, information tables, or volunteer groups a part of your event? ☐ No ☐ Yes If yes, please explain.

Certificate of Insurance or Surety Bond Information ☐ No Yes, attach a copy

The applicant is responsible for obtaining any additional permits required by the municipality in conjunction with this event. Contact individual departments to obtain applications.

Check all that apply:

CITY CLERK PERMITS 715-232-2221	PARK AND RECREATION PERMITS 715-232-1664	FIRE DEPARTMENT PERMITS 715-232-2414
<input type="checkbox"/> Temporary Beer/Wine <input type="checkbox"/> Amplified Sound Permit <input type="checkbox"/> _____	<input type="checkbox"/> Park Facility Use <input type="checkbox"/> Shelter Reservations <input type="checkbox"/> Beer Keg Permit	<input type="checkbox"/> Fireworks/Pyrotechnics <input type="checkbox"/> Grills/Open Burning <input type="checkbox"/> Tents (900 sq.ft. or greater or anything less with sides requires permit)

POLICE DEPARTMENT PERMITS 715-232-2198	DUNN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 715-232-2388	PUBLIC WORKS
<input type="checkbox"/> Traffic Control Officers <input type="checkbox"/> Criminal History Check	<input type="checkbox"/> Temporary Food Permit	<input type="checkbox"/> Race/Map Review

By signing this application, applicant acknowledges that the issuance of a special event permit does not obligate or require the City of Menomonie to provide City services, equipment or personnel in support of the event.

Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Affiliation with Applicant (if applicable):

\_\_\_\_\_

Date:

\_\_\_\_\_



